Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			· 23					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fe	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=		OR	X\$18=	54:-	
INCEPENCENT CLAIMS			3, minus 3 o		•			X40=	1.	ОЯ	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
"If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL	<del>                                     </del>	OR	TOTAL	76¥	
1 Column 1) (Column 2) (Column 3)											OTHER	THAN	
Ž	1/2/0	(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR .	SMALL		
A TH		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 27	Minus	· a	3_	- 4	1	X\$ 9=		OR	XS <del>10</del> =	200.00	
	Independent	. 4	Minus	***	3_	- /		X40=		OR	X86±	200.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								AFOT			TOTAL	400,00	
		(Column 1)		(Colui	na 21	(Column 3)		ADDIT, FEE		<b>1</b> 071.	ADDIT. FEE	1001-	
AMENOMENT B		CLAIMS		18GA		231			ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO	SUSLY .	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 26	Minus	2	7	-0	]	X\$ 9=		OR	X\$18=		
	Independent	. 5	Minus	••• <u>/</u>	+	- /_		X40=		OR	<b>1</b>	200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
•								TOTAL DOTT, FEE		OR	TOTAL ADDIT. FEE	200	
		(Column 1)		(Colur		(Column 3)							
ပ		CLAIMS REMAINING		HIGH	BER	PRESENT	ľ		ADDI-			ADDI-	
AMENDMENT C		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			lt	X40=		OR	X80=		
•	FIAST PRESE	NTATION OF MI	ILTIPLE DEF	ENDENT	CLAIM		<b>!</b>				- 100		
Higher entity in column 1 is less than the entry in column 2, write 'V' in column 3.													
"If the entry in column 1 is less than the entry in column 2, with "V in column 3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" (Total or Independent) is the highest number bound in the appropriate box in column 1.													

FORM PTO-678 Them ANDS